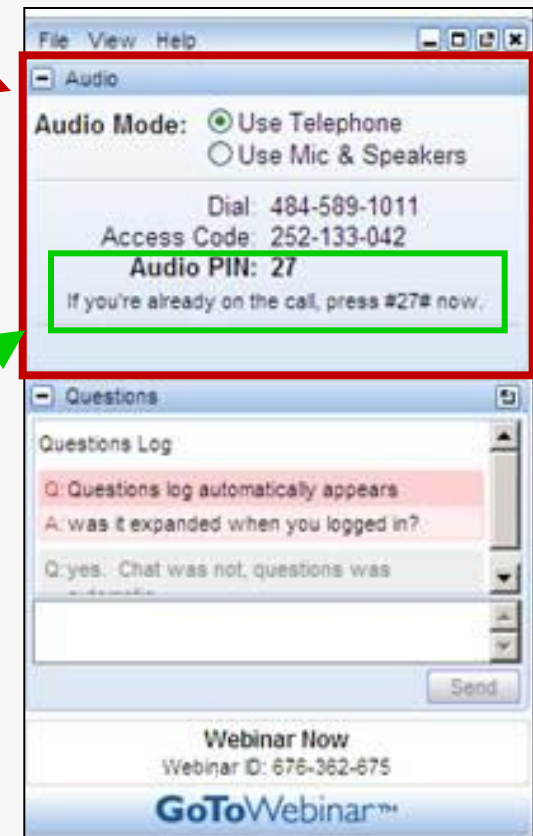


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WELCOME

Donald M. Berwick MD, MPP, FRCP
Task Force Co-Chair



Let's Get Healthy California Task Force



LET'S GET HEALTHY CALIFORNIA TASK FORCE

Task Force and Expert Advisor Group Meeting

Elizabeth A. McGlynn Ph.D.

Task Force Expert Advisor

Tuesday, July 24, 2012



Let's Get Healthy California Task Force



OVERVIEW OF TASK FORCE CHARGE AND TIMING

Patricia E. Powers, Director
Let's Get Healthy California Task Force



Let's Get Healthy California Task Force



Executive Order B-19-12

- Prepare a 10-year plan that will:
 - Improve the health of Californians
 - Control health care costs
 - Promote personal responsibility for health
 - Advance health equity
 - Not involve additional government spending
- Key Plan Components
 - Establish baselines for key health indicators and standards for measuring improvement over a 10-year period
 - Seek to reduce diabetes, asthma, childhood obesity, hypertension, sepsis-related mortality, hospital readmissions within 30-days of discharge, and increase the number of children receiving recommended vaccinations by age three
 - Identify obstacles for better health care



The Charge




*“What will it take for California
to be the healthiest state
in the nation?”*

Diana Dooley, Secretary
California Health and Human Services Agency
June 11, 2012



Let's Get Healthy California Task Force

Maryland Health Improvement Process

Vision Area	SHIP Objectives
 <p>Healthy Babies</p>	1. Increase Life Expectancy
	2. Reduce infant deaths
	3. Reduce low birth weight (LBW) & very low birth weight (VLBW)
	4. Reduce sudden unexpected infant deaths (SUIDs)
	5. Increase the proportion of pregnancies that are intended
	6. Increase the proportion of pregnant women starting prenatal care in the first trimester
 <p>Healthy Social Environments</p>	7. Reduce child maltreatment
	8. Reduce the suicide rate
	9. Decrease the rate of alcohol-impaired driving fatalities
	10. Increase the proportion of students who enter kindergarten ready to learn
	11. Increase the proportion of students who graduate with a regular diploma 4 years after starting 9th grade
	12. Reduce domestic violence
 <p>Safe Physical Environments</p>	13. Reduce blood lead levels in children
	14. Decrease fall-related deaths
	15. Reduce pedestrian injuries on public roads
	16. Reduce Salmonella infections transmitted through food
	17. Reduce hospital emergency department visits from asthma
	18. Increase access to healthy food
	19. Reduce the number of days the Air Quality Index (AQI) exceeds 100



Oregon's Health Improvement Plan

Oregon Health Improvement Plan Committee Proposed Population Health Measures

Measure	Data Source(s)	Available For				
		Child	Adult	Race/ Ethnicity	County	
OVERALL MEASURES						
	Good or excellent health status (physical and mental)	BRFSS; OHT; OSWS	X	X	X	X
	Premature Death	CHS	-	-	X	X
GOAL I: Achieve health equity and population health by improving social, economic and environmental factors.						
Educational attainment	Participation in early childhood education	ODE	X	-	-	-
	Oregon high school graduation	ODE	-	X	X	-
	Post secondary degree	ACS	-	X	X	X
GOAL II: Prevent chronic diseases by reducing obesity prevalence, tobacco use, and alcohol abuse.						
Overarching	Tobacco and obesity-related chronic disease burden (e.g. cancer, cardiovascular disease, diabetes, asthma, arthritis)	BRFSS	-	X	X	X
	Consumption of tobacco, alcohol, and sugar-sweetened beverages	Department of Revenue; OLCC		Statewide Only		
Tobacco	Tobacco use	BRFSS; OHT; Birth file	X	X	X	X
Obesity	Obesity (BMI)	BRFSS; OHT; PedNSS	X	X	X	X
	Soda/sugar sweetened beverages	BRFSS; OHT; PRAMS-2	X	X	X	X
	Physical activity meeting CDC recommendations	BRFSS; OHT	X	X	X	X
Alcohol abuse	Heavy drinking	BRFSS; OHT; OSWS	X	X	X	X
GOAL III: Stimulate public health, community, and health system linkages, innovation and integration that increase coordination and						
Communities	Participation in evidence-based chronic disease self-management programs					
	- Living Well with Chronic Conditions	LWD	-	X	X	X
	Health collaborative established and tracking health outcomes	Special Survey	-	-	-	X
Health Departments	Community health assessment done in collaboration with local health departments and hospitals	Special Survey	-	-	-	X
	State/local health departments applying for accreditation*	Special Survey	-	-	-	X
Health Systems	Hospital readmissions	HDI	See Incentives and Outcomes Report			
	Preventable hospital admissions	HDI	See Incentives and Outcomes Report			



How to Achieve Task Force Charge

- Select priorities for four areas: Prevention and Population Health; Quality Improvement; Access and Coverage; Affordability and Cost
- Establish baseline and target performance indicators for each priority
- Develop recommendations for how targets will be achieved



Consensus Approach

- Majority rules
- SurveyMonkey polls will follow each webinar
- Staff to summarize Task Force/Expert Advisor priorities
 - Discuss on September 12th webinar
 - Present to Task Force to vote on September 28th



Guiding Principles

- (1) All recommendations shall be based on the best available evidence.
- (2) Addressing the challenges will require recognition of policies emphasizing the important roles that education, housing, transportation, the workplace, and other sectors play in promoting healthy individuals living in healthy communities.
- (3) Particular focus should be given to reducing the inequalities in health status and health care focusing on vulnerable populations and communities in the state.



Guiding Principles

- (4) The recommendations should aim to control health care costs and be fiscally prudent.
- (5) The recommendations should include opportunities to promote personal responsibility for individual health.
- (6) The recommendations should consider the strategies for implementation, sustainability over time, and diffusion and spread throughout the state.



Guiding Principles

- (7) All recommendations should have associated with them performance indicators to assess degree of achievement over time.
- (8) The recommendations should serve as a long-run agenda for the state that transcends changes in public and private sector leadership while taking into account that as some of the objectives are achieved and sustained, they may be replaced by other objectives, and that changes in leadership also bring fresh new perspectives for making California the healthiest state in the nation.



Today's Webinar

- Discuss presented priorities
- Answer a few polling questions
- Identify 3-5 priorities



Timeline

July							August							September						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
1	2	3	4	5	6	7				1	2	3	4							1
8	9	10	11	12	13	14	5	6	7	8	9	10	11	2	3	4	5	6	7	8
15	16	17	18	19	20	21	12	13	14	15	16	17	18	9	10	11	12	13	14	15
22	23	24	25	26	27	28	19	20	21	22	23	24	25	16	17	18	19	20	21	22
29	30	31					26	27	28	29	30	31		23	24	25	26	27	28	29
														30						

Key:

Expert Advisor and
Task Force Webinar

Task Force and Expert
Advisor Meeting

Task Force and Expert
Advisor Report Release

Stakeholder
Teleconference with
Secretary Dooley



Timeline

October							November							December							
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	
	1	2	3	4	5	6					1	2	3							1	
7	8	9	10	11	12	13	4	5	6	7	8	9	10	2	3	4	5	6	7	8	
14	15	16	17	18	19	20	11	12	13	14	15	16	17	9	10	11	12	13	14	15	
21	22	23	24	25	26	27	18	19	20	21	22	23	24	16	17	18	19	20	21	22	
28	29	30	31				25	26	27	28	29	30		23	24	25	26	27	28	29	
														30	31						
Key:		Expert Advisor and Task Force Webinar					Task Force and Expert Advisor Meeting					Task Force and Expert Advisor Report Release					Stakeholder Teleconference with Secretary Dooley				



HEALTH CARE QUALITY FRAMEWORK & TARGETS

Neal D. Kohatsu, MD, MPH, Medical Director
California Department of Health Care Service
(DHCS)



Let's Get Healthy California Task Force



Recommended Framework

2012 Annual Progress Report to Congress

National Strategy for Quality Improvement in Health Care

Submitted by the U.S. Department of Health and Human Services

*The **National Quality Strategy**'s goal is to build a consensus so that stakeholders can align their quality efforts for maximum results.*

The strategy serves as a national framework for quality measurement, measure development, and analysis.

Three National Aims

- **Better Care**
 - **Healthy People/Healthy Communities**
 - **Affordable Care**



Rationale for the NQS Framework

1

- Foundation for California's quality efforts

2

- Widely vetted by a broad national coalition of public and private sector stakeholders

3

- Amplifies the quality message by creating a shared focus for stakeholders

4

- Increases ability to leverage federal funding

5

- Links to the National Prevention Strategy



National Quality Strategy (NQS)

Three Aims

- Better Care
- Healthy People/Healthy Communities
- Affordable Care

Six Priorities

1. Making care safer by reducing harm caused in the delivery of care.
2. Ensuring that each person and family are engaged as partners in their care.
3. Promoting effective communication and coordination of care.
4. Promoting the most effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular disease.
5. Working with communities to promote wide use of best practices to enable healthy living.
6. Making quality care more affordable for individuals, families, employers, and governments by developing and spreading new health care delivery models.



National Quality Strategy (NQS)

14 Key Measures Identified

- See appendix for complete list

2012 National Initiatives Identified in NQS

- Partnership for Patients
- Million Hearts Initiative
- Community Transformation Grants
- Multi-payer Advanced Primary Care Practice Demonstration
- Linking Patient Experience to Provider Payment
- CMS Innovation Center



Executive Order Measures

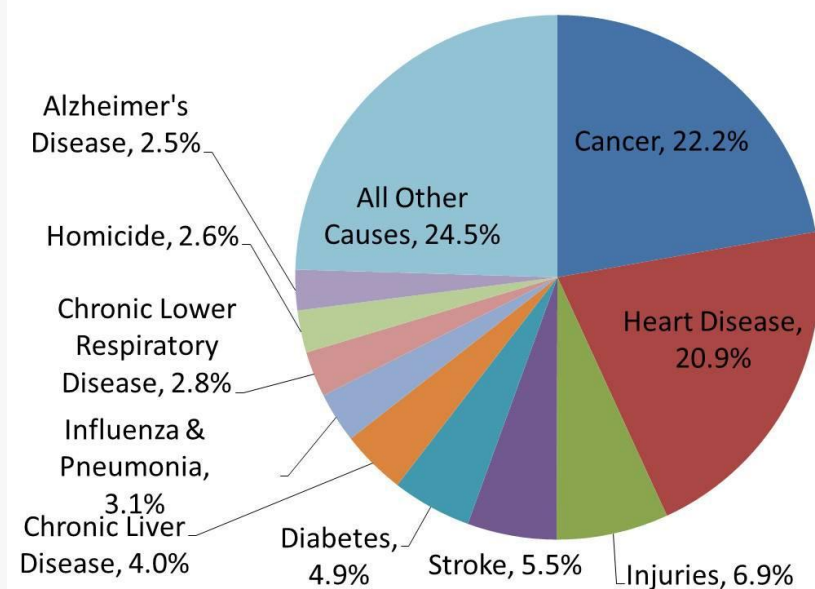
- Reduce diabetes
- Reduce asthma
- Reduce childhood obesity
- Reduce hypertension*
- Reduce sepsis-related mortality
- Reducing hospital readmissions within 30 days of discharge*
- Increase the number of children receiving recommended vaccines by age three

* Also a NQS priority



Leading Causes of Death, CA (2009)

Up to 80% of heart disease, stroke, and diabetes, and over 30% of cancers could be prevented by eliminating tobacco use, unhealthful diet, inactivity, and harmful use of alcohol



Polling Question

1. To what extent do you support using the National Quality Strategy as the framework of the *Let's Get Healthy California* plan?
 - Strongly Support
 - Somewhat Support
 - No Opinion
 - Somewhat Disagree
 - Strongly Disagree



Webinar Crosswalk

NQS Priority	Webinar	NQS Measure
1. Making Care Safer	Health Care Quality	Hospital Acquired Conditions
		Hospital Re-admission
2. Patients engaged in care	Health Care Quality	Timely Care
		Decision Making
3. Coordination of care	Health Care Quality	Patient-centered Medical Home
	Health Care Quality	3-item Care Transition Measure
4. Promoting effective prevention and treatment practices	Health Care Quality	Aspirin Use
	Health Care Quality	Blood Pressure Control
	Health Care Quality	Cholesterol Management
	Population Health	Tobacco Cessation
5. Working with communities to promote healthy living	Health Care Quality / Affordability and Cost	Depression
	Population Health	Obesity
6. Making care more affordable	Affordability and Cost	People with Medical Costs Greater than 10%
	Affordability and Cost	Health Expenses Per Capita



Priority #1: Making Care Safer by Reducing the Harm Caused in the Delivery of Care

National Measure: Hospital-acquired Conditions (HAC)	National Baseline ¹	National Target
Incidence of measurable hospital-acquired conditions	145 HACs per 1,000 admissions	Reduce preventable HACs by 40% by the end of 2013

California Measure: Hospital-acquired Conditions ²	California Baseline	California Target
No Comparable State Measure Identified	N/A	N/A

¹ Source: Agency for Healthcare Research and Quality, Centers for Disease Control and Prevention, and Centers for Medicare and Medicaid Services, March 2012.

² No comparable HEDIS measure



Priority #1: Making Care Safer by Reducing the Harm Caused in the Delivery of Care

National Measure: Hospital Readmissions	National Baseline ¹	National Target
All-payer 30-day readmission rate*	14.4%	Reduce by 20% by the end of 2013
* EO/NQS shared priority		

California Measures: Hospital Readmissions ² 2010 California Hospital 30-day Readmission Rates for <u>Top 5 Conditions</u> ³				California Target
Description	Readmission Rate	No. Patients	% of All Readmissions	
Septicemia or Severe Sepsis	23.01	15,649	9.31	18% by the end of 2015
Pneumonia	16.13	9,401	5.59	13% by the end of 2015
Heart Failure	24.60	9,352	5.56	20% by the end of 2015
Esophagitis & Gastroenteritis	13.60	6,235	3.71	11% by the end of 2015
COPD & Asthma	13.34	5,365	3.19	11% by the end of 2015

¹ Source: Agency for Healthcare Research and Quality, Centers for Disease Control and Prevention, and Centers for Medicare and Medicaid Services, March 2012.

² No comparable HEDIS measure

³ OSHPD Data



Priority #2: Ensuring That Each Person and Family is Engaged in Their Care

National Measure: Timely Care		National Baseline ¹	National Target
Adults who needed care right away for an illness, injury, or condition in the last 12 months who sometimes or never got care as soon as wanted		14.1%	None Set
California Measures: Timely Care ²	Survey	California Baseline	California Target
In the past 12 months, did you try to get an appointment to see your doctor or medical provider within two days because you were sick or injured?	CHIS ³ Adult Survey	2011 Survey (Data not yet published)	None Set
How often were you able to get an appointment within two days? Would you say...	CHIS ³ Adult Survey	2011 Survey (Data not yet published)	None Set

¹ Source: Agency for Healthcare Research and Quality, Center for Financing, Access, and Cost Trends, Medical Expenditure Panel Survey, 2009.

² No comparable HEDIS measure

³ California Health Interview Survey



Priority #2: Ensuring That Each Person and Family is Engaged in Their Care

National Measure: Decision-Making	National Baseline ¹	National Target
People with a usual source of care whose health care providers sometimes or never discuss decisions with them	15.4%	None Set

California Measure: Decision-Making ²	Survey	California Baseline	California Target
How often does your doctor or medical provider explain clearly what you need to do to take care of your health? Would you say...	CHIS ³ Adult Survey	2011 Survey (Data not yet published)	None Set

¹Source: Agency for Healthcare Research and Quality, Center for Financing, Access, and Cost Trends, Medical Expenditure Panel Survey, 2009.

² No comparable HEDIS measure

³ California Health Interview Survey



Priority #3: Promoting Effective Communication and Coordination of Care

National Measure: Patient-Centered Medical Home	National Baseline ¹	National Target
Percentage of children needing care coordination who receive effective care coordination.	69%	None Set

California Measures: Patient-Centered Medical Home ²	Survey	California Baseline	California Target
Is there anyone at your doctor's office or clinic who helps coordinate your care with other doctors or services, such as tests or treatments?	CHIS ³ Adolescent Survey	67.2% - Yes	94%
Is there anyone at (CHILD's) doctor's office or clinic who helps coordinate (his/her) care with other doctors or services such as tests or treatments?	CHIS ³ Child Survey	63.9% - Yes	90%

¹ Source: Health Resources and Services Administration, Maternal and Child Health Bureau; Centers for Disease Control and Prevention, National Center for Health Statistics, National Survey of Children's Health, 2007.

² No comparable HEDIS measure

³ California Health Interview Survey



Priority #3: Promoting Effective Communication and Coordination of Care

National Measures: 3-item Care Transition Measure	National Baseline	National Target
During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left	Data available October 2012 ¹	None Set
When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.	Data available October 2012 ¹	None Set
When I left the hospital, I clearly understood the purpose for taking each of my medications.	Data available October 2012 ¹	None Set

California Measure: 3-item Care Transition Measure ²	Survey	California Baseline	California Target
No Comparable State Measure Identified	N/A	N/A	None Set

¹ This report will be updated online to reflect baseline performance data from the Centers for Medicare and Medicaid Services in October 2012.

² No comparable HEDIS measure



Priority #4: Promoting the Most Effective Prevention and Treatment Practices for the Leading Causes of Mortality, Starting with Cardiovascular Disease

National Measure: Blood Pressure Control	National Baseline	National Target
People with hypertension who have adequately controlled blood pressure*	46% ¹	65% by 2017
* EO/NQS shared priority		

California Measure: Blood Pressure Control	Survey	California Baseline	California Target
Controlling High Blood Pressure - Adults (18-85yrs) diagnosed with hypertension*	HEDIS	Medicare - 79% PPOs - 50% HMOs - 78%	Medicare - 87% PPOs - 70% HMOs - 86%
* EO/NQS shared priority			

¹ Source: Centers for Disease Control and Prevention, National Health and Nutrition Examination Survey (NHANES), 2005-2008



Priority #4: Promoting the Most Effective Prevention and Treatment Practices for the Leading Causes of Mortality, Starting with Cardiovascular Disease

National Measure: Cholesterol Management	National Baseline	National Target
People with high cholesterol who have adequately managed hyperlipidemia*	33% ¹	65% by 2017
* EO/NQS shared priority		

California Measure: Cholesterol Management	Survey	California Baseline	California Target
Cholesterol Management – Cardiovascular Conditions LDL-C <100 mg/dL*	HEDIS	Medicare - 76% PPOs - 50% HMOs - 70%	Medicare - 91% PPOs - 70% HMOs - 84%
* EO/NQS shared priority			

¹ Source: Centers for Disease Control and Prevention, National Health and Nutrition Examination Survey (NHANES), 2005-2008



Priority #4: Promoting the Most Effective Prevention and Treatment Practices for the Leading Causes of Mortality, Starting with Cardiovascular Disease

National Measure: Aspirin Use	National Baseline	National Target
People at increased risk of cardiovascular disease who are taking aspirin* <i>* EO/NQS shared priority</i>	47% ¹	65% by 2017
California Measure: Aspirin Use ²	California Baseline	California Target
Aspirin Use* <i>* EO/NQS shared priority</i>	N/A	N/A

¹ Source: Centers for Disease Control and Prevention, National Ambulatory Medical Care Survey (NAMCS) and National Hospital Ambulatory Medical Care Survey (NHAMCS), 2007-2008

² No Comparable HEDIS Measure



Priority #5: Working with Communities to Promote Wide Use of Best Practices to Enable Healthy Living

National Measure: Depression	National Baseline ¹	National Target
Percentage of adults reported symptoms of a major depressive episode (MDE) in the last 12 months who received treatment for depression in the last 12 months	68.3%	None Set

California Measure: Depression	Survey	California Baseline	California Target
Follow-up After Hospitalization for Mental Illness	HEDIS	Within 30 Days: Medicare - 63% PPOs - 71% HMOs - 83% Within 7 Days: Medicare - 48% PPOs - 54% HMOs - 71%	Within 30 Days: Medicare - 76% PPOs - 85% HMOs - 91% Within 7 Days: Medicare - 67% PPOs - 76% HMOs - 85%

¹ Source: Substance Abuse and Mental Health Services Administration, Office of Applied Studies, National Survey on Drug Use and Health, 2010.



Executive Order Additional Measures

California Measures: Reducing Diabetes	Survey	California Baseline	California Target
Comprehensive Diabetes Care	HEDIS		
<ul style="list-style-type: none"> HbA1c Test 		HMOs – 92% PPOs – 85% Medicare – 96%	HMOs – 95% PPOs – 94% Medicare – 96%
<ul style="list-style-type: none"> HbA1c <8.0% 		HMOs – 67% PPOs – 52% Medicare – 80%	HMOs – 80% PPOs – 73% Medicare – 88%
<ul style="list-style-type: none"> HbA1c ≤9.0% 		HMOs – 79% PPOs – 58% Medicare – 90%	HMOs – 87% PPOs – 81% Medicare – 95%
<ul style="list-style-type: none"> Retinal Exam 		HMOs – 68% PPOs – 40% Medicare – 80%	HMOs – 82% PPOs – 56% Medicare – 88%
<ul style="list-style-type: none"> LCL-C Screening 		HMOs – 90% PPOs – 80% Medicare – 94%	HMOs – 95% PPOs – 88% Medicare – 94%
<ul style="list-style-type: none"> LDL-C <100mg/dL 		HMOs – 60% PPOs – 40% Medicare – 71%	HMOs – 72% PPOs – 56% Medicare – 85%
<ul style="list-style-type: none"> Nephropathy Monitoring 		HMOs – 91% PPOs – 75% Medicare – 95%	HMOs – 95% PPOs – 83% Medicare – 95%
<ul style="list-style-type: none"> Blood Pressure Control (<140/90) 		HMOs – 76% PPOs – 50% Medicare – 78%	HMOs – 91% PPOs – 70% Medicare – 94%



Executive Order Additional Measures

California Measures: Reducing Sepsis Related Mortality	California Baseline	California Target
No universally accepted definition for sepsis-related mortality metrics.	N/A	N/A

California Measures: Reducing Asthma	Survey	California Baseline	California Target
Use of Appropriate Medications – Asthma	HEDIS		
• Age 5 – 11		HMOs – 97% PPOs – 96%	None Set ¹
• Age 12 – 50		HMOs – 93% PPOs – 92%	None Set ¹
• Total		HMOs – 94% PPOs – 93%	None Set ¹

¹ High current baselines make targets difficult to set



Executive Order Additional Measures

California Measures: Reducing Childhood Obesity	Survey	California Baseline	California Target
Weight Assessment for Kids	HEDIS		
<ul style="list-style-type: none"> 3 – 11 Years BMI 		HMOs – 62%	87%
<ul style="list-style-type: none"> 12 – 17 Years BMI 		HMOs – 67%	94%
<ul style="list-style-type: none"> Total 		HMOs – 64%	90%

California Measures: Immunizations	Survey	California Baseline	California Target
Childhood Immunizations – Combo 3	HEDIS	HMOs – 79%	95%



Bridging Population Health and Health Care Quality

- Unhealthy habits: Poor diet, physical inactivity, and tobacco use are the leading causes of preventable mortality¹
- Addresses multimorbidities²
 - Prevalence of multiple chronic conditions:³
 - ~ 3 in 4 individuals aged 65+
 - ~ 1 in 4 younger adults (who receive health care)
- Health Care component complementary to Population Health
- We have evidence-based approaches⁴ – but have we adopted them consistently?

¹ Mokdad AH, Marks JS, Stroup DF, Gerberding JL. Actual causes of death in the United States, 2000. JAMA 2004;291:1238-45.

² Nation's Top Health Groups Respond to 2005 Dietary Guidelines for Americans - Statement of American Cancer Society, American Diabetes Association and American Heart Association in support of emphasis on disease prevention (January 2005)

³ Tinetti ME, Fried TR, Boyd CM. Dignifying Health Care for the Most Common Chronic Condition – Multimorbidity JAMA 2012; 307: 2493-94.

⁴ US Preventive Services Task Force Recommendation: Screening for and Management of Obesity in Adults – Released June 2012

⁴ US Preventive Services Task Force Recommendation: Screening for Obesity in Children and Adolescents – Released January 2010



California Data – Demographic Analysis Available

Survey	Geography	Age	Sex	Race / Ethnicity
HEDIS	State	Not available with public access to CCHRI ¹	Not available with public access to CCHRI ¹	Not available with public access to CCHRI ¹
California Health Interview Survey (CHIS)	Counties ² Adult (N = 47,614) Adolescent (N = 3,379) Youth (N = 8,945)	Continuous Variable	Yes	4 Categories
OSHPD Patient Discharge Data	Counties	Continuous Variable	Yes	6 Categories

¹ California Cooperative Healthcare Reporting Initiative

² Large Counties - Yes

² Small Counties – Maybe



Polling Questions

2. Do you believe there are any important indicators missing?

➤ Yes

- If yes, which ones

➤ No

3. Do you support eliminating indicators for which we do not have California baseline data?

➤ Yes

➤ No



Next Steps

- SurveyMonkey to develop consensus on the indicators and targets
- Consider what strategies it will take to reach the targets
 - Evidenced based
 - How to accelerate the rate of change in communities with the greatest health disparities
 - How to most effectively align all the partners to ensure focus and success
 - Imagine new, innovative systems of care
 - Create a strong health care delivery and population health interface



Appendix

- National Quality Strategy: 2012 Key Measures



NQS Priorities 1-3: Key Measures

NQS Priority	Measure Focus	Measure Name/Description	National Baseline Rate	National Target
1. Making Care Safer by Reducing the Harm Caused in the Delivery of Care	Hospital-acquired Conditions	Incidence of measurable hospital-acquired conditions	145 HACs per 1,000 admissions ¹³	Reduce preventable HACs by 40% by the end of 2013
	Hospital Readmissions	All-payer 30-day readmission rate	14.4%, based on 32.9 million admissions	Reduce all readmissions by 20% by the end of 2013
2. Ensuring That Each Person and Family Is Engaged in Their Care	Timely Care	Adults who needed care right away for an illness, injury, or condition in the last 12 months who sometimes or never got care as soon as wanted	14.1%	
	Decision-making	People with a usual source of care whose health care providers sometimes or never discuss decisions with them	15.4%	
3. Promoting Effective Communication and Coordination of Care	Patient-Centered Medical Home	Percentage of children needing care coordination who receive effective care coordination	69%	
	3-item Care Transition Measure	<ul style="list-style-type: none"> • During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left • When I left the hospital, I had a good understanding of the things I was responsible for in managing my health • When I left the hospital, I clearly understood the purpose for taking each of my medications. 	Data available October 2012	



NQS Priorities 4-6: Key Measures

NQS Priority	Measure Focus	Measure Name/Description	National Baseline	National Target
4. Promoting the Most Effective Prevention and Treatment Practices for the Leading Causes of Mortality, Starting with Cardiovascular Disease	Aspirin Use	People at increased risk of cardiovascular disease who are taking aspirin	47%	65% by 2017
	Blood Pressure Control	People with hypertension who have adequately controlled blood pressure	46%	65% by 2017
	Cholesterol Management	People with high cholesterol who have adequately managed hyperlipidemia	33%	65% by 2017
	Smoking Cessation	People trying to quit smoking who get help	23%	65% by 2017
5. Working with Communities to Promote Best Practices for Healthy Living	Depression	Percentage of adults reported symptoms of a major depressive episode (MDE) in the last 12 months who received treatment for depression in the last 12 months	68.3%	
	Obesity	Proportion of adults who are obese	35.7%	
6. Making Quality Care More Affordable by Developing and Spreading New Health Care Delivery Models	Out of Pocket Expenses	Percentage of people under 65 with out-of-pocket medical and premium expenses greater than 10 percent of income	18.5%	
	Health spending per capita	Personal health care expenditures per capita	\$7,082	



TASK FORCE AND EXPERT ADVISOR DISCUSSION

Please use the hand raise
feature.



OPPORTUNITY FOR STAKEHOLDER COMMENT

Please type comments into the
“Questions” feature and click
the Send button.

The screenshot shows the GoToWebinar interface. The top panel is titled 'Audio' and contains the following text: 'Audio Mode: ☒ Use Telephone ☐ Use Mic & Speakers', 'Dial: 484-589-1011', 'Access Code: 252-133-042', 'Audio PIN: 27', and 'If you're already on the call, press #27# now.'. The bottom panel is titled 'Questions' and contains a 'Questions Log' section with the following text: 'Q: Questions log automatically appears', 'A: was it expanded when you logged in?', and 'Q: yes. Chat was not, questions was'. Below the log is a text input field and a 'Send' button. The bottom of the interface displays 'Webinar Now', 'Webinar ID: 676-362-675', and the 'GoToWebinar™' logo.

Contact information:

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